

SEXUAL DYSFUNCTION

‘Sexual dysfunction is a very personal and distressing problem that affects all areas of one’s life and wellbeing directly or indirectly. Hypnotherapy offers a proven, healthy, wise and viable option to medication ... many people have resolved the same or similar issues that you may be facing right now.’

At GracePlace Wellness™ we are fully prepared to assist you with neutralizing any emotional/psychological issue you feel may stand in the way of your experiencing a positive and fulfilling sexual life once all possibility that there is a medical issue such as prostate disease, tumors, cysts has been eliminated.

As well, we will discuss with you current medications that you may be taking which have negative sexual performance side-effects. Many, if not all anti-depressants have sexually-related side-effects. In cases where anti-depressants have been prescribed, it would seem that the diagnosis that one is depressed would suggest an emotional struggle. If one is on anti-depressants, one is not only coping with depression and sadness, but has the added issue of sexual dysfunction because of the treatment.

Another less recognized cause or at least contributor to sexual difficulties is the labeling by experts. People typically find it terribly distressful to be told they are ‘flawed and dysfunctional’ in one of the most important areas of their lives, if not the most important. Hypnotherapy needs no label be attached to the issues...that one is dissatisfied with their sexual functioning is all that is needed to start the process to healing and recovery without medication.

Hypnotherapy is well known to assist in the relief of depressive symptoms without resorting to medication, as well as non-organic sexual dysfunction not caused by medications. Regardless which comes first, the sexual dysfunction or the depressive feelings, hypnotherapy can help!

1. *According to the Scandinavian Journal of Urology and Nephrology, ED that cannot be linked to physical causes has been successfully treated by hypnosis. In this trial, three out of every four men in the trial were helped.*
[Scandinavian Journal of Urology and Nephrology. 31: 271-4, 1997]
2. *According to the British Journal of Urology, hypnosis improved the sexual function of men with no organic cause for their impotence at a rate of 80%. The interesting part about this study is that hypnosis outperformed both testosterone and trazodone.*
[Aydin S et al. "Efficacy of testosterone, trazodone and hypnotic suggestion in the treatment of non-organic male sexual dysfunction." British Journal of Urology. 77(2):256-60, 1996.]

Deep-rooted negative emotional issues are often at the root of unsatisfying sexual experiences and hypnotherapy is well suited to resolving these issues permanently because it can access the subconscious where real change happens. After deep-seated issues are neutralized, hypnotherapy facilitates re-learning and re-framing of the issue(s) and re-enforces healing through positive, post-hypnotic suggestions and on-going support.

In a Journal of American Medical Association report called Sexual Dysfunction in the United States Prevalence and Predictors researchers Edward O. Laumann, PhD; Anthony Paik, MA; Raymond C. Rosen, PhD JAMA. 1999;281:537-544 concluded that sexual dysfunction is more prevalent for women (43%) than men (31%) and is associated with various demographic characteristics, including age and educational attainment. Women of different racial groups demonstrated different patterns of sexual dysfunction. Differences among men are not as marked but generally consistent with women. Experience of sexual dysfunction is more likely among women and men with poor physical and emotional health. Moreover, sexual dysfunction is highly associated with negative experiences in sexual relationships and overall well-being. Their overall conclusion was that the results indicate sexual dysfunction is an important public health concern, and emotional problems likely contribute to the experience of these problems.

As we have repeated, emotional problems are often resolved efficiently and effectively with hypnotherapy, without the use of medications.

How do you know your performance issue is emotional/psychological?

MEN:

- Have you been medically checked out and nothing was found, yet you are not satisfied with the sexual experience?
- Have you been offered psychiatric drugs for the issue? (this is a second indication that there are no organic/physical reasons for the problem)
- Do you get an erection while masturbating?
- Do you often awaken with an erection? "Morning" erections are physiological, and are related to blood supply mechanisms during sleep, and not the sexual arousal. The presence of these erections usually mean that no organic disorder is the main cause.
- Do you get an erection while sleeping? Using a ring of postage stamps glued around the flaccid penis during the night is also a simple device to ascertain whether erections occur in the sleep (a broken ring in the morning is usually caused by an erection).
- Do you get erections with one lover and not another?
- Do you get an erection before penetration?
- Do you view sex as a 'dirty', 'immoral', forbidden or unhealthy activity?
- Do you have body image concerns?
- Do you have issues of low-self esteem or self-worth?
- Do you have sex with your partner because you feel obligated or that it is your 'duty'.
- Have you experienced sexual trauma that has gone unresolved?

If you answered yes to ANY of these questions, then the problem is most likely emotional, not physical.

Researchers reported in the Journal of Clinical Psychiatry, 2002 Apr;63(4):357-66 of a large study that found that sexual dysfunction in men and women commonly occurs during antidepressant treatment (bupropion, citalopram, fluoxetine, mirtazapine, nefazodone, paroxetine, sertraline, venlafaxine, and venlafaxine). However, the reported rates of sexual dysfunction vary across antidepressants and are typically underreported in manufacturer's product literature.

It was found that physicians consistently underestimated the prevalence of antidepressant-associated sexual dysfunction. This was the first study to assess sexual dysfunction across the newer antidepressants using consistent methodology and a validated rating scale. Because antidepressant-associated sexual dysfunction is considerably underestimated by physicians, greater recognition of this fact and the use of non-pharmaceutical options for treating depression would be wise if one were to avoid the emergence of a second major issue.

It would also seem that Hypnotherapy could be a viable and healthy option to resolving depressive and sad feelings without medications and the ensuing side-effects.

WOMEN:

As reported in the Journal of Clinical Psychiatry, 2002 Apr;63(4):357-66 studies found that sexual dysfunction in women commonly occurs during antidepressant treatment (bupropion, citalopram, fluoxetine, mirtazapine, nefazodone, paroxetine, sertraline, venlafaxine, and venlafaxine). However, the reported rates of sexual dysfunction vary across antidepressants and are typically underreported in product literature.

It was found that physicians consistently underestimated the prevalence of antidepressant-associated sexual dysfunction. This was the first study to assess sexual dysfunction across the newer antidepressants using consistent methodology and a validated rating scale. Because antidepressant-associated sexual dysfunction is considerably underestimated by physicians, greater recognition and education are imperative when prescribing antidepressant treatment.

It would also seem that Hypnotherapy would be a healthy and viable option to resolving depressive and sad feelings without medications and the ensuing side-effects.

Again, it is vitally important to undergo an assessment by a medical doctor in order to rule out organic causes of sexually-related issues. If medications are also determined not to be contributing to desire, arousal, orgasm and sexual pain disorders, it is very likely that a deep-rooted emotional issue is causing dissatisfaction with sexual function. Also, many women find it personally very distressing to be labeled as having a 'sexual problem', particularly in a society where the blame for so many relationship problems tend to fall on the shoulders of women.

If you answer yes to ANY of the following questions, you are likely dealing with an unresolved emotional issue:

- Have you been medically checked out and nothing was found, yet you are not satisfied with the sexual experience?
- Have you been offered psychiatric drugs for the issue? (this is a second indication that there are no organic/physical reasons for the problem)

- Is your desire for sexual activity low?
- Does it take you a long time to become aroused?
- Do you find it difficult to relax before, during and/or after sex?
- Do you find it difficult to achieve orgasm despite feelings of high arousal?
- Do you experience pain during any part of the sex act despite there being an absence of abnormal physical findings (vaginismus)?
- Do you view sex as a 'dirty', 'immoral', forbidden or unhealthy activity?
- Do you have body image concerns?
- Do you have issues of low-self esteem or self-worth?
- Do you have sex with your partner because you feel obligated or that it is your 'duty'.
- Have you experienced sexual trauma that has gone unresolved?